



APPLICATION FOR LICENSURE AS AN ARMED PRIVATE SECURITY GUARD

- ☐ **New Applicant \$30.00** (In addition to \$65.00 Unarmed PSG application fee)
☐ **Transfer/Rehire \$30.00** (In addition to renewal fee, if due)

Applicants should either already be licensed as an unarmed private security guard OR submit a completed Unarmed Private Security Guard Application and fee with this application.

Please type or print clearly and sign on page 2

FOR VALIDATION ONLY

001-070-299-0011

Make remittance payable to: State Treasurer
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Applicant Information

Last Name		First Name		Middle Name	Date of Birth
Applicant's Residence Address (street)					
City		State	Zip Code	Home Telephone No. ()	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		Social Security No. (per RCW16.23.150)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Business Name		Company License No.		Company License Expiration Date	
Business Address (street)					
City		State	Zip Code	County	
Business Telephone No. ()		Fax No. ()			

Firearms Certification Course

RCW 18.170.040(c) requires armed security guards to have a current firearms certificate issued by the Criminal Justice Training Commission (CJTC), telephone (206) 835-7314. After you have completed the firearms training, CJTC will issue a notice that you have completed the training course. An armed license cannot be issued to you until your firearms certificate has been received by the Department of Licensing.

Applicant - respond to all questions below. If you answer "yes" to any, attach a separate sheet with explanation.

	Yes	No
1. Have you ever been found guilty of fraud, dishonesty, or misrepresentation while performing duties as a private security guard?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of incompetence or negligence that resulted in injury to a person or created an unreasonable risk to a person?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been found guilty of releasing information about the property or valuables you were guarding?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a gross misdemeanor or felony as a juvenile or adult?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of any act involving unethical or immoral behavior?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been licensed as a security guard in any jurisdiction? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____) Check your Washington State License status at: https://www2.wa.gov/dol/profquery/licenseeearch.asp	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____)	<input type="checkbox"/>	<input type="checkbox"/>

If any conviction was dismissed, please enclose copies of the court documents.

sign on page 2



As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.

Please provide one clear fingerprint card with this application.

Certification - Mandatory Signature

I, _____, certify that the information provided in this application
PRINT APPLICANT'S NAME (FIRST, MIDDLE, LAST)
and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private security guard license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application pursuant to Chapter 18.170 RCW.

X

SIGNATURE OF APPLICANT

Date _____

Authorization - Voluntary Signature

I, _____, **voluntarily** authorize the Department of Licensing to
PRINT APPLICANT NAME (FIRST, MIDDLE, LAST)
release any and all criminal history information so obtained to my employer, or to my prospective employer.

X

SIGNATURE OF APPLICANT

Date _____

***UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17***